

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/01/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155254		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/15/2011	
NAME OF PROVIDER OR SUPPLIER SUGAR CREEK REHABILITATION CONVALESCENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 WEST U.S. 40 GREENFIELD, IN 46140			
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F0000	<p>This visit was for the Investigation of Complaint IN00091349.</p> <p>Complaint IN00091349 Substantiated. Federal/state deficiencies related to the allegations are cited at F224, F225, F226, F282, and F323.</p> <p>Survey dates: June 14 and 15, 2011</p> <p>Facility number: 000157 Provider number: 155254 AIM number: 100274720</p> <p>Survey team: Barbara Gray RN</p> <p>Census bed type: SNF/NF: 46 Total: 46</p> <p>Census payor type: Medicare: 3 Medicaid: 37 Other: 6 Total: 46</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review complete 6/22/11 by</p>			F0000	<p>This plan of correction is to serve as Sugar Creek Rehabilitation Convalescent Center's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Sugar Creek Rehabilitation Convalescent Centers or it's management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in the facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0224 SS=D	<p>Jennie Bartelt, RN.</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on observation, interview and record review, the facility failed to ensure services were provided as planned to prevent neglect during transfer of a resident by Hoyer lift. The CNA made the decision to transfer a resident with a Stand-Up lift instead of a Hoyer lift. The deficient practice affected 1 of 4 residents sampled for transfers in a sample of 4. Resident #A.</p> <p>Findings include:</p> <p>Resident #A's record was reviewed on 6/14/11 at 10:28 A.M. Diagnoses included, but were not limited to, chronic pain, osteoarthritis, peripheral neuropathy, morbid obesity, non-ambulatory, and anxiety.</p> <p>Resident #A's quarterly Minimum Data Set assessment, dated 4/21/11, indicated Resident #A was understood and had the ability to understand others, she was</p>			F0224	<p>It is the practice of Sugar Creek Rehabilitation Convalescent Center to develop and implement policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of property. The facility does not use verbal, sexual, physical and mental abuse, corporal punishment and involuntary seclusion.I. Resident A is being transferred using the appropriate lift device. Resident A has been assessed by social services to further ensure that there is no emotional distress as a result of being transferred with the stand up lifting device. In addition her attending physician has evaluated her to ensure there are no physical injuries involved in using the standup lift device. As indicated in the survey report C.N.A. #1 is no longer employed in the facility. C.N.A. #2 is also no longer employed at the facility.II. Residents who utilize mechanical lift devices have been screened to ensure that the appropriate lift device is being</p>		07/01/2011

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	<p>cognitively intact, she required extensive assistance of two persons for transfer, she had limited functional range of motion in her upper and lower extremities, she had occasional pain rated 6 on a 1 to 10 pain scale, she received routine and as needed pain medication, and she did not walk.</p> <p>A quarterly nursing assessment for Resident #A, dated 4/16/11, indicated Resident #A had extremity contractures and edema, she required two person assistance, she required a mechanical lift for transfers, and she was non-weight bearing.</p> <p>A care plan for Resident #A, dated 4/19/11, indicated Resident #A was non-ambulatory due to contractures and refused to get out of bed at times. A care plan for Resident #A, dated 9/30/10, indicated Resident #A required routine pain medication related to bilateral lower extremity pain. A care plan for Resident #A, dated 9/30/10, indicated Resident #A used a Hoyer lift for transfers.</p> <p>A Resident Care Record (CNA Assignment Sheet), undated, for Resident #A indicated she required transfer assist of two persons and required a Hoyer lift for transfers.</p> <p>Nurses notes for Resident #A indicated</p>				<p>utilized. Care plans and C.N.A. assignment sheets were also reviewed to ensure that they address which lift device is to be utilized.III. The facility has a policy in place regarding abuse prevention. Staff have been re-educated on this policy. This re-education stressed the importance of following the resident's plan of care and reporting any abuse concerns to the Administrator immediately. Additional systemic changes are being described below.IV. The Director of Nursing or her designee is conducting random staff interviews regarding abuse prevention. A sample of five staff members are being interviewed weekly to ensure understanding of the definition of abuse, the facility's abuse prevention and reporting policy. In addition, a random sample of 5 residents are being monitored weekly to ensure the appropriate lift device is being used during transfers. The quality improvement audits will continue weekly for thirty days then monthly for six months. Results of all audits are being reported to the facility Quality Assurance Committee for additional recommendations when necessary.</p>		

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	<p>the following: 5/29/11 at 2:20 A.M. - The resident complained of left calf/ankle/foot pain. The resident's left lower extremity appeared to be twice the size of her right lower extremity. The skin was cool to touch. Resident's vital signs were temperature 98.4, heart rate 69, respirations 20, blood pressure 138/88, and oxygen saturation 98% room air. The resident said her leg "was caught on lift earlier today". No open areas or bruising were observed by the writer. Notes on 5/29/11 at 3:00 A.M. indicated an order was received to send the resident to the ER for evaluation and treatment.</p> <p>A left lower extremity venous Doppler for Resident #A dated 5/29/11 at 5:59 A.M., indicated the following: "Indication - Leg pain. Findings - Real-time ultrasound evaluation of the lower extremity deep venous system was performed from the common femoral vein to the popliteal vein. All sampled veins demonstrate normal Doppler flow characteristics, augmentation, and compressibility. No deep venous thrombosis is identified. Impression - Normal lower extremity venous Doppler."</p> <p>An initial investigation provided by the Administrator on 6/14/11 at 2:00 P.M., indicated the following: Brief Description of Incident - CNA #1 asked CNA #2 to</p>						

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	<p>assist her in changing Resident #A. CNA #1 opted to use the Stand-Up lift rather than putting the resident back to bed with the Hoyer lift. Resident #A was fearful and crying out she wanted to be put down and her legs hurt. The CNA assignment indicated Resident #A was to be transferred by a Hoyer lift. Resident #A did not bear weight. CNA #1 communicated to CNA #2 during breakfast on 5/29/11, she should not tell anyone the Stand-Up lift was used instead of the Hoyer lift. Type of Injury - No injuries noted. Immediate Action Taken - Resident #A had a physical assessment completed. The family and physician were notified. An interview was conducted with Resident #A. Interviews with other residents and staff were being initiated as part of the investigation at this time. Preventive Measures Taken - CNA #2 had been suspended pending investigation.</p> <p>A timeline investigation regarding an incident that occurred on 5/28/11, provided by the Administrator on 6/14/11 at 2:00 P.M., indicated the following: CNA #2 notified the Administrator on 5/30/11 at approximately 11:00 A.M., of an incident that occurred on 5/28/11, near the end of her shift. CNA #2 indicated CNA #1 asked for her assistance in changing Resident #A. CNA #2 indicated</p>						

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	<p>she was assisting CNA #1 and Resident #A became fearful and was crying out that she wanted to be put down and that her legs hurt. CNA #2 indicated Resident #A was fearful using the lift but was not injured in any way. CNA #2 indicated they changed Resident #A and put her back in her chair. During the breakfast meal the next day on 5/29/11, CNA #1 stated to CNA #2 she should not tell anybody they used the Stand-Up lift, because they were not supposed to and they would both get in trouble. The Administrator met with CNA #1 on 6/2/11 at 10:00 A.M. The Administrator made the determination based on the events, CNA #1 did in fact use the wrong lift on [Resident #A] and that she did have knowledge it was the wrong type of lift. It was believed CNA #1 was in a hurry and felt it more convenient to use the Stand-Up lift.</p> <p>A follow-up investigation provided by the Administrator on 6/14/11 at 2:00 P.M., indicated the following: Upon investigation it was believed that CNA #1 was aware of the appropriate lift to be used in assisting Resident #A, which was the Hoyer lift as noted on the CNA assignment sheet. CNA #1 was terminated from her employment on 6/2/11 for failing to follow proper procedures in providing resident care.</p>						

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	<p>Resident #A was observed lying in bed on her back, with the head of her bed raised on 6/14/11 at 10:20 A.M. During interview at this time, Resident #A's speech was clear. Resident #A's bilateral legs were contracted and she could not straighten them out when requested to. Her left knee area appeared larger than the right related to being contracted at the knee but did not appear edematous. Resident #A did not have any hand contractures. Resident #A indicated she could not recall the date but remembered being transferred by CNA #1 and CNA #2 with the use of a Stand-Up lift. Resident #A indicated she was unable to stand and bear weight. Resident #A indicated her left leg was painful during the transfer and she requested to be lowered off the lift. Resident #A indicated she was lowered onto the bed. Resident #A indicated she could not recall if her leg got caught on anything during the transfer, only that she had pain in her legs. Resident #A denied any pain during the interview. Resident #A indicated she did not fall during the transfer. Resident #A indicated she had only been lifted with the Stand-Up lift one time.</p> <p>The most current policy and procedure for safe lifting and movement of residents indicated the following: "Policy</p>						

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	<p>Statement - In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents. Policy Interpretation and Implementation - 1.) Resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents... 4.) Staff responsible for direct resident care will be trained in the use of manual (gait/transfer belts, lateral boards) and mechanical lifting devices...."</p> <p>This federal tag relates to Complaint IN00091349.</p> <p>3.1-27(a)(3)</p>						

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F0225 SS=D	<p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on observation, interview and record review, the facility failed to ensure an allegation of neglect was reported immediately to the Administrator for 1 of 4 residents reviewed related to transfer in</p>			F0225	It is the practice of Sugar Creek Rehabilitation Convalescent Center to ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and		07/01/2011

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	<p>a sample of 4. (Resident #A) When a CNA became aware her coworker chose to use the incorrect lift to transfer Resident #A, she did not report the allegation immediately, and the Administrator was not notified within 24 hours.</p> <p>Findings include:</p> <p>1.) Resident #A's record was reviewed on 6/14/11 at 10:28 A.M. Diagnoses included, but were not limited to, chronic pain, osteoarthritis, peripheral neuropathy, morbid obesity, non-ambulatory, and anxiety.</p> <p>Resident #A's quarterly Minimum Data Set assessment dated 4/21/11, indicated Resident #A was understood and had the ability to understand others, she was cognitively intact, she required extensive assistance of 2 persons for transfer, she had limited functional range of motion in her upper and lower extremities, she had occasional pain rated 6 on a 1 to 10 pain scale, she received routine and as needed pain medication, and she did not walk.</p> <p>A quarterly nursing assessment for Resident #A dated 4/16/11, indicated resident #A had extremity contractures and edema, she required two persons assistance, she required a mechanical lift</p>				<p>misappropriation of resident property are reported immediately to the Administrator of the facility and to other officials in accordance with state law through the established procedures including to the state survey and certification agency.I. Resident A is being transferred using the appropriate lift device. Resident A has been assessed by social services to further ensure that there is no emotional distress as a result of being transferred with the standup lifting device. In addition her attending physician has evaluated her to ensure there are no physical injuries involved with using the standup lift device. As indicated in the survey report CNA #1 is no longer employed at the facility. CNA #2 also is no longer employed at the facility. II. Residents who utilize mechanical lift devices have been screened to ensure that the appropriate lift device is being utilized. Care plans and CNA assignment sheets were also reviewed to ensure that they address which lift device is to be utilized. III. The facility has a policy in place regarding abuse prevention. Staff have been re-educated on this policy. This re-education stressed the importance of following the resident's plan of care and reporting any abuse concerns to the Administrator immediately. Additional systemic changes are being implemented through our quality improvement</p>		

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	<p>for transfers, and she was non-weight bearing.</p> <p>A care plan for Resident #A dated 4/19/11, indicated Resident #A was non-ambulatory due to contractures and refused to get out of bed at times. A care plan for Resident #A dated 9/30/10, indicated Resident #A required routine pain medication related to bilateral lower extremity pain. A care plan for Resident #A dated 9/30/10, indicated Resident #A used a Hoyer lift for transfers.</p> <p>A Resident Care Record (CNA Assignment Sheet), undated, for Resident #A indicated she required transfer assist of two persons and required a Hoyer lift for transfers.</p> <p>Nurses notes for Resident #A indicated the following : 5/29/11 at 2:20 A.M. - The resident complained of left calf/ankle/foot pain. The writer found the resident's left lower extremity to appear twice the size of her right lower extremity. The skin was cool to touch. Resident's vital signs were temperature 98.4, heart rate 69, respirations 20, blood pressure 138/88, and oxygen saturation 98% room air. The resident said her leg "was caught on lift earlier today." No open areas or bruising were observed by the writer. 5/29/11 at 3:00 A.M. - Received order to</p>				<p>program as described below. IV. The Director of Nursing or her designee is conducting random staff interviews regarding abuse prevention. A sample of 5 staff members are being interviewed weekly to ensure understanding of the definition of abuse, the facility's abuse prevention and reporting policy. In addition, a random sample of 5 residents are being monitored weekly to ensure the appropriate lift device is being used during transfers. These quality improvement audits will continue weekly for 30 days then monthly for 6 months. Results of all audits are being reported to the facility Quality Assurance Committee for additional recommendations where necessary.</p>		

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	<p>send the resident to the ER for evaluation and treatment.</p> <p>A left lower extremity venous Doppler for Resident #A dated 5/29/11 at 5:59 A.M., indicated the following: "Indication - Leg pain. Findings - Real-time ultrasound evaluation of the lower extremity deep venous system was performed from the common femoral vein to the popliteal vein. All sampled veins demonstrate normal Doppler flow characteristics, augmentation, and compressibility. No deep venous thrombosis is identified. Impression - Normal lower extremity venous Doppler."</p> <p>An initial investigation provided by the Administrator on 6/14/11 at 2:00 P.M., indicated the following: Brief Description of Incident - CNA #1 asked CNA #2 to assist her in changing Resident #A. CNA #1 opted to use the Stand-Up lift rather than putting her back to bed with the Hoyer lift. Resident #A was fearful and crying out she wanted to be put down and her legs hurt. The CNA assignment indicates Resident #A was to be transferred by a Hoyer lift. Resident #A does not bear weight. CNA #1 communicated to CNA #2 during breakfast on 5/29/11, she should not tell anyone the Stand-Up lift was used instead of the Hoyer lift. Type of Injury - No</p>						

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	<p>injuries noted. Immediate Action Taken - Resident #A had a physical assessment completed. The family and physician were notified. An interview was conducted with Resident #A. Interviews with other residents and staff are being initiated as part of the investigation at this time. Preventive Measures Taken - CNA #2 has been suspended pending investigation.</p> <p>A timeline investigation regarding an incident that occurred on 5/28/11, provided by the Administrator on 6/14/11 at 2:00 P.M., indicated the following: CNA #2 notified the Administrator on 5/30/11 at approximately 11:00 A.M., of an incident that occurred on 5/28/11, near the end of her shift. CNA #2 indicated CNA #1 asked for her assistance in changing Resident #A. CNA #2 indicated she was assisting CNA #1 and Resident #A became fearful and was crying out that she wanted to be put down and that her legs hurt. CNA #2 indicated Resident #A was fearful using the lift but was not injured in any way. CNA #2 indicated they changed Resident #A and put her back in her chair. During breakfast meal the next day on 5/29/11, CNA #1 stated to CNA #2 she should not tell anybody they used the Stand-Up lift because they were not supposed to and they would both get in trouble. The Administrator met with</p>						

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	<p>CNA #1 on 6/2/11 at 10:00 A.M. The Administrator made the determination based on the events, CNA #1 did in fact use the wrong lift on Resident #A and that she did have knowledge it was the wrong type of lift. It was believed CNA #1 was in a hurry and felt it more convenient to use the Stand-Up lift.</p> <p>A follow-up investigation provided by the Administrator on 6/14/11 at 2:00 P.M., indicated the following: Upon investigation it is believed that CNA #1 was aware of the appropriate lift to be used in assisting Resident #A, which was the Hoyer lift as noted on the CNA assignment sheet. CNA #1 was terminated from her employment on 6/2/11 for failing to follow proper procedures in providing resident care.</p> <p>Resident #A was observed lying in bed on her back, with the head of her bed raised on 6/14/11 at 10:20 A.M. During interview at this time, Resident #A's speech was clear. Resident #A's bilateral legs were contracted and she could not straighten them out when requested to. Her left knee area appeared larger than the right related to being contracted at the knee but did not appear edematous. Resident #A did not have any hand contractures. Resident #A indicated she could not recall the date but remembered</p>						

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	<p>being transferred by CNA #1 and CNA #2 with the use of a Stand-Up lift. Resident #A indicated she was unable to stand and bear weight. Resident #A indicated her left leg was painful during the transfer and she requested to be lowered off the lift. Resident #A indicated she was lowered onto the bed. Resident #A indicated she could not recall if her leg got caught on anything during the transfer, only that she had pain in her legs. Resident #A denied any pain during the interview. Resident #A indicated she did not fall during the transfer. Resident #A indicated she had only been lifted with the Stand-Up lift one time.</p> <p>The most current policy and procedure for safe lifting and movement of residents indicated the following: Policy Statement - In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents. Policy Interpretation and Implementation - 1.) Resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents... 4.) Staff responsible for direct resident care will be trained in the use of manual (gait/transfer belts, lateral boards) and mechanical lifting devices....</p>						

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	This federal tag relates to Complaint IN00091349. 3.1-28(c)						
F0226 SS=D	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on interview, observation, and record review, the facility failed to ensure its policy was followed related to timely reporting of an allegation of neglect to the Administrator for 1 of 4 residents		F0226	It is the practice of Sugar Creek Rehabilitation Convalescent Center to develop and implement policies and procedures that prohibit mistreatment, neglect, and abuse of residents and		07/01/2011	

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	<p>reviewed related to transfer in a sample of 4. (Resident #A) When a CNA became aware her coworker chose to use the incorrect lift to transfer Resident #A, she did not report the allegation immediately, and the Administrator was not notified within 24 hours.</p> <p>Findings include:</p> <p>The facility's most current policy and procedure on Preventing Resident Abuse provided by the Administrator on 6/14/11 at 12:02 P.M., indicated the following: "Policy Interpretation and Implementation...4.) Employees, facility consultants and/or Attending Physicians must immediately report any suspected abuse or incidents of abuse to any Department Head, Manager on Duty, Director of Nursing Services, or Administrator. In the absence of the Director of Nursing Services and Administrator such reports may be made to the Nurse Supervisor of Department Head on Duty. 5.) Any individual observing an incident of resident abuse or suspecting resident abuse must immediately report such incident to the Administrator or Director of Nursing Services...."</p> <p>Resident #A's record was reviewed on 6/14/11 at 10:28 A.M. Diagnoses</p>				<p>misappropriation of property. The facility does not use verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. I. Resident A is being transferred using the appropriate lift device. Resident A has been assessed by social services to further ensure that there is no emotional distress as a result of being transferred with the standup lifting device. In addition her attending physician has evaluated her to ensure there are no physical injuries involved with using the standup lift device. As indicated in the survey report CNA #1 is no longer employed at the facility. CNA #2 also is no longer employed at the facility. II. Residents who utilize mechanical lift devices have been screened to ensure that the appropriate lift device is being utilized. Care plans and CNA assignment sheets were also reviewed to ensure that they address which lift device is to be utilized. III. The facility has a policy in place regarding abuse prevention. Staff have been re-educated on this policy. This re-education stressed the importance of following the resident's plan of care and reporting any abuse concerns to the Administrator immediately. Additional systemic changes are being implemented through our quality improvement program as described below. IV. The Director of Nursing or her designee is conducting random</p>		

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	<p>included, but were not limited to, chronic pain, osteoarthritis, peripheral neuropathy, morbid obesity, non-ambulatory, and anxiety.</p> <p>Resident #A's quarterly Minimum Data Set assessment dated 4/21/11, indicated Resident #A was understood and had the ability to understand others, she was cognitively intact, she required extensive assistance of 2 persons for transfer, she had limited functional range of motion in her upper and lower extremities, she had occasional pain rated 6 on a 1 to 10 pain scale, she received routine and as needed pain medication, and she did not walk.</p> <p>A quarterly nursing assessment for Resident #A dated 4/16/11, indicated resident #A had extremity contractures and edema, she required 2 persons assistance, she required a mechanical lift for transfers, and she was non-weight bearing.</p> <p>A care plan for Resident #A dated 4/19/11, indicated Resident #A was non-ambulatory due to contractures and refused to get out of bed at times. A care plan for Resident #A dated 9/30/10, indicated Resident #A required routine pain medication related to bilateral lower extremity pain. A care plan for Resident #A dated 9/30/10, indicated Resident #A</p>				<p>staff interviews regarding abuse prevention. A sample of 5 staff members are being interviewed weekly to ensure understanding of the definition of abuse, the facility's abuse prevention and reporting policy. In addition, a random sample of 5 residents are being monitored weekly to ensure the appropriate lift device is being used during transfers. These quality improvement audits will continue weekly for 30 days then monthly for 6 months. Results of all audits are being reported to the facility Quality Assurance Committee for additional recommendations where necessary.</p>		

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	<p>used a Hoyer lift for transfers.</p> <p>A Resident Care record for Resident #A indicated she required transfer assist of 2 persons and required a Hoyer lift for transfers.</p> <p>Nurses notes for Resident #A indicated the following : 5/29/11 at 2:20 A.M. - The resident complained of left calf/ankle/foot pain. Found by this writer to appear twice the size of her right lower extremity. The skin is cool to touch. Resident's vital signs are temperature 98.4, heart rate 69, respirations 20, blood pressure 138/88, and oxygen saturation 98% room air. The resident said her leg "was caught on lift earlier today". No open areas or bruising were observed by this writer. 5/29/11 at 3:00 A.M. - Received order to send the resident to the ER for evaluation and treatment.</p> <p>A left lower extremity venous Doppler for Resident #A dated 5/29/11 at 5:59 A.M., indicated the following: Indication - Leg pain. Findings - Real-time ultrasound evaluation of the lower extremity deep venous system was performed from the common femoral vein to the popliteal vein. All sampled veins demonstrate normal Doppler flow characteristics, augmentation, and compressibility. No deep venous thrombosis is identified.</p>						

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	<p>Impression - Normal lower extremity venous Doppler.</p> <p>An initial investigation provided by the Administrator on 6/14/11 at 2:00 P.M., indicated the following: Brief Description of Incident - CNA #1 asked CNA #2 to assist her in changing Resident #A. CNA #1 opted to use the Stand-Up lift rather than putting her back to bed with the Hoyer lift. Resident #A was fearful and crying out she wanted to be put down and her legs hurt. The CNA assignment indicates Resident #A was to be transferred by a Hoyer lift. Resident #A does not bear weight. CNA #1 communicated to CNA #2 during breakfast on 5/29/11, she should not tell anyone the Stand-Up lift was used instead of the Hoyer lift. Type of Injury - No injuries noted. Immediate Action Taken - Resident #A had a physical assessment completed. The family and physician were notified. An interview was conducted with Resident #A. Interviews with other residents and staff are being initiated as part of the investigation at this time. Preventive Measures Taken - CNA #2 has been suspended pending investigation.</p> <p>A timeline investigation regarding an incident that occurred on 5/28/11, provided by the Administrator on 6/14/11</p>						

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	<p>at 2:00 P.M., indicated the following: CNA #2 notified the Administrator on 5/30/11 at approximately 11:00 A.M., of an incident that occurred on 5/28/11, near the end of her shift. CNA #2 indicated CNA #1 asked for her assistance in changing Resident #A. CNA #2 indicated she was assisting CNA #1 and Resident #A became fearful and was crying out that she wanted to be put down and that her legs hurt. CNA #2 indicated Resident #A was fearful using the lift but was not injured in any way. CNA #2 indicated they changed Resident #A and put her back in her chair. During breakfast meal the next day on 5/29/11, CNA #1 stated to CNA #2 she should not tell anybody they used the Stand-Up lift because they were not supposed to and they would both get in trouble. The Administrator met with CNA #1 on 6/2/11 at 10:00 A.M. The Administrator made the determination based on the events, CNA #1 did in fact use the wrong lift on Resident A and that she did have knowledge it was the wrong type of lift. It was believed CNA #1 was in a hurry and felt it more convenient to use the Stand-Up lift.</p> <p>A follow-up investigation provided by the Administrator on 6/14/11 at 2:00 P.M., indicated the following: Upon investigation it is believed that CNA #1 was aware of the appropriate lift to be</p>						

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	<p>used in assisting Resident #A, which was the Hoyer lift as noted on the CNA assignment sheet. CNA #1 was terminated from her employment on 6/2/11 for failing to follow proper procedures in providing resident care.</p> <p>Resident #A was observed lying in bed on her back, with the head of her bed raised on 6/14/11 at 10:20 A.M. During interview at this time, Resident #A's speech was clear. Resident #A's bilateral legs were contracted and she could not straighten them out when requested to. Her left knee area appeared larger than the right related to being contracted at the knee but did not appear edematous. Resident #A did not have any hand contractures. Resident #A indicated she could not recall the date but remembered being transferred by CNA #1 and CNA #2 with the use of a Stand-Up lift. Resident #A indicated she was unable to stand and bear weight. Resident #A indicated her left leg was painful during the transfer and she requested to be lowered off the lift. Resident #A indicated she was lowered onto the bed. Resident #A indicated she could not recall if her leg got caught on anything during the transfer, only that she had pain in her legs. Resident #A denied any pain during the interview. Resident #A indicated she did not fall during the transfer. Resident #A indicated she had</p>						

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F0282 SS=D	<p>only been lifted with the Stand-Up lift one time.</p> <p>The most current policy and procedure for safe lifting and movement of residents indicated the following: Policy Statement - In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents. Policy Interpretation and Implementation - 1.) Resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents... 4.) Staff responsible for direct resident care will be trained in the use of manual (gait/transfer belts, lateral boards) and mechanical lifting devices....</p> <p>This federal tag relates to Complaint IN00091349.</p> <p>3.1-28(a)</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p>						

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	<p>Based on observations, interview, and record review, the facility failed to follow a resident's plan of care for transfer, in that a CNA transferred a resident with a Stand-Up lift instead of a Hoyer lift, for 1 of 4 residents sampled for transfers. Resident #A.</p> <p>Findings include:</p> <p>Resident #A's record was reviewed on 6/14/11 at 10:28 A.M. Diagnoses included, but were not limited to, chronic pain, osteoarthritis, peripheral neuropathy, morbid obesity, non-ambulatory, and anxiety.</p> <p>Resident #A's quarterly Minimum Data Set assessment, dated 4/21/11, indicated Resident #A was understood and had the ability to understand others, she was cognitively intact, she required extensive assistance of two persons for transfer, she had limited functional range of motion in her upper and lower extremities, she had occasional pain rated 6 on a 1 to 10 pain scale, she received routine and as needed pain medication, and she did not walk.</p> <p>A quarterly nursing assessment for Resident #A dated 4/16/11, indicated Resident #A had extremity contractures and edema, she required two person assistance, she required a mechanical lift</p>			F0282	<p>It is the practice of Sugar Creek Rehabilitation Convalescent Center to provide services by qualified persons in accordance with each resident's written plan of care. I. Resident A is being transferred using the appropriate lift device. Resident A has been assessed by social services to further ensure that there is no emotional distress as a result of being transferred with the standup lifting device. In addition her attending physician has evaluated her to ensure there are no physical injuries involved with using the standup lift device. As indicated in the survey report CNA #1 is no longer employed at the facility. CNA #2 also is no longer employed at the facility. II. Residents who utilize mechanical lift devices have been screened to ensure that the appropriate lift device is being utilized. Care plans and CNA assignment sheets were also reviewed to ensure that they address which lift device is to be utilized. III. The facility's policy regarding following the resident's care plan has been reviewed and found to be adequate. Nursing personnel have been re-educated on the policy. Additional systemic changes are being implemented through our quality improvement program as described below. IV. The DON or her designee is conducting quality of care audits. A random sample of 5 residents are being monitored weekly to</p>		07/01/2011

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NAME OF PROVIDER OR SUPPLIER SUGAR CREEK REHABILITATION CONVALESCENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 WEST U.S. 40 GREENFIELD, IN46140			
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	<p>for transfers, and she was non-weight bearing.</p> <p>A care plan for Resident #A dated 4/19/11, indicated Resident #A was non-ambulatory due to contractures and refused to get out of bed at times. A care plan for Resident #A dated 9/30/10, indicated Resident #A required routine pain medication related to bilateral lower extremity pain. A care plan for Resident #A dated 9/30/10, indicated Resident #A used a Hoyer lift for transfers.</p> <p>A Resident Care Record (CNA Assignment Sheet), undated, for Resident #A indicated she required transfer assist of two persons and required a Hoyer lift for transfers.</p> <p>Nurses notes for Resident #A indicated the following : 5/29/11 at 2:20 A.M. - The resident complained of left calf/ankle/foot pain. The left lower extremity was found to appear twice the size of her right lower extremity. The skin was cool to touch. Resident's vital signs were temperature 98.4, heart rate 69, respirations 20, blood pressure 138/88, and oxygen saturation 98% room air. The resident said her leg "was caught on lift earlier today". No open areas or bruising were observed by this writer. 5/29/11 at 3:00 A.M. - An order was received to</p>				<p>ensure the appropriate lift device is being used during transfers. These quality improvement audits will continue weekly for 30 days then monthly for 6 months. Results of all audits are being reported to the facility Quality Assurance Committee for additional recommendations where necessary.</p>		

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	<p>send the resident to the ER for evaluation and treatment.</p> <p>A left lower extremity venous Doppler for Resident #A dated 5/29/11 at 5:59 A.M., indicated the following: "Indication - Leg pain. Findings - Real-time ultrasound evaluation of the lower extremity deep venous system was performed from the common femoral vein to the popliteal vein. All sampled veins demonstrate normal Doppler flow characteristics, augmentation, and compressibility. No deep venous thrombosis is identified. Impression - Normal lower extremity venous Doppler."</p> <p>An initial investigation provided by the Administrator on 6/14/11 at 2:00 P.M., indicated the following: Brief Description of Incident - CNA #1 asked CNA #2 to assist her in changing Resident #A. CNA #1 opted to use the Stand-Up lift rather than putting the resident back to bed with the Hoyer lift. Resident #A was fearful and crying out she wanted to be put down and her legs hurt. The CNA assignment indicated Resident #A was to be transferred by a Hoyer lift. Resident #A did not bear weight. CNA #1 communicated to CNA #2 during breakfast on 5/29/11, she should not tell anyone that the Stand-Up lift was used instead of the Hoyer lift.</p>						

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	<p>A timeline regarding an incident that occurred on 5/28/11, provided by the Administrator on 6/14/11 at 2:00 P.M., indicated the following: CNA #2 indicated CNA #1 asked for her assistance in changing Resident #A. CNA #2 indicated she was assisting CNA #1 and Resident #A became fearful and was crying out that she wanted to be put down and that her legs hurt. CNA #2 indicated Resident #A was fearful using the lift but was not injured in any way. CNA #2 indicated they changed Resident #A and put her back in her chair. During breakfast meal the next day on 5/29/11, CNA #1 stated to CNA #2 she should not tell anybody they used the Stand-Up lift because they were not supposed to and they would both get in trouble. The Administrator met with CNA #1 on 6/2/11 at 10:00 A.M. The Administrator made the determination based on the events, CNA #1 did in fact use the wrong lift on [Resident #A] and she did have knowledge it was the wrong type of lift. It was believed that CNA #1 was in a hurry and felt it more convenient to use the Stand-Up lift.</p> <p>A follow-up investigation provided by the Administrator on 6/14/11 at 2:00 P.M., indicated the following: Upon investigation it is believed that CNA #1</p>						

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	<p>was aware of the appropriate lift to be used in assisting Resident #A, which was the Hoyer lift as noted on the CNA assignment sheet.</p> <p>Resident #A was observed lying in bed on her back, with the head of her bed raised on 6/14/11 at 10:20 A.M. During interview at this time. Resident #A's speech was clear. Resident #A's bilateral legs were contracted and she could not straighten them out when requested to. Her left knee area appeared larger than the right related to being contracted at the knee but did not appear edematous. Resident #A did not have any hand contractures. Resident #A indicated she could not recall the date but remembered being transferred by CNA #1 and CNA #2 with the use of a Stand-Up lift. Resident #A indicated she was unable to stand and bear weight. Resident #A indicated her left leg was painful during the transfer and she requested to be lowered off the lift. Resident #A indicated she was lowered onto the bed. Resident #A indicated she could not recall if her leg got caught on anything during the transfer, only that she had pain in her legs. Resident #A denied any pain during the interview. Resident #A indicated she did not fall during the transfer. Resident #A indicated she had only been lifted with the Stand-Up lift one time.</p>						

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F0323 SS=E	<p>The most current policy and procedure for safe lifting and movement of residents indicated the following: Policy Statement - In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents. Policy Interpretation and Implementation - 1.) Resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents... 4.) Staff responsible for direct resident care will be trained in the use of manual (gait/transfer belts, lateral boards) and mechanical lifting devices....</p> <p>This federal tag relates to Complaint IN00091349.</p> <p>3.1-35(g)(2)</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review, the facility failed to transfer residents with a Stand Up and Hoyer mechanical lift in a manner to prevent accidents for 4 of 4 residents (Resident #A, #B, #C, and #D) sampled</p>			F0323	<p>It is the practice of Sugar Creek Rehabilitation Convalescent Center to ensure that the resident's environment remains as free from accident hazards as is possible; and each resident receives adequate supervision</p>		07/01/2011

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	<p>for transfers.</p> <p>Findings include:</p> <p>1.) Resident #A's record was reviewed on 6/14/11 at 10:28 A.M. Diagnoses included, but were not limited to, chronic pain, osteoarthritis, peripheral neuropathy, morbid obesity, non-ambulatory, and anxiety.</p> <p>Resident #A's quarterly Minimum Data Set assessment dated 4/21/11, indicated Resident #A was understood and had the ability to understand others, she was cognitively intact, she required extensive assistance of 2 persons for transfers, she had limited functional range of motion in her upper and lower extremities, she had occasional pain rated 6 on a 1 to 10 pain scale, she received routine and as needed pain medication, and she did not walk.</p> <p>A quarterly nursing assessment for Resident #A dated 4/16/11, indicated resident #A had extremity contractures and edema, she required 2 persons assistance, she required a mechanical lift for transfer, and she was non-weight bearing.</p> <p>A care plan for Resident #A dated 4/19/11, indicated Resident #A was non-ambulatory due to contractures and</p>				<p>and assistance devices to prevent accidents. I. Resident A is being transferred using the appropriate lift device. Resident A has been assessed by social services to further ensure that there is no emotional distress as a result of being transferred with the standup lifting device. In addition her attending physician has evaluated her to ensure there are no physical injuries involved with using the standup lift device. As indicated in the survey report CNA #1 is no longer employed at the facility. CNA #2 also is no longer employed at the facility. II. Residents who utilize mechanical lift devices have been screened to ensure that the appropriate lift device is being utilized. Care plans and CNA assignment sheets were also reviewed to ensure that they address which lift device is to be utilized. III. The facility's policy on using mechanical lifts has been reviewed and amended to include the safety instructions regarding locking of the rear caster wheels. Nursing personnel have been educated on this new policy. IV. The DON or her designee is conducting quality of care audits. A random sample of 5 residents are being monitored weekly to ensure the appropriate lift device is being used during transfers. This audit includes making sure that the rear caster wheel of the lift device are not locked during lifting/transfer of the resident.</p>		

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	<p>refused to get out of bed at times. A care plan for Resident #A dated 9/30/10, indicated Resident #A required routine pain medication related to bilateral lower extremity pain. A care plan for Resident #A dated 9/30/10, indicated Resident #A used a Hoyer lift for transfer.</p> <p>A Resident Care Record (CNA Assignment Sheet), undated, for Resident #A indicated she required transfer assist of 2 persons and required a Hoyer lift for transfer.</p> <p>Nurses notes for Resident #A indicated the following : 5/29/11 at 2:20 A.M. - The resident complained of left calf/ankle/foot pain. Found by this writer to appear twice the size of her right lower extremity. The skin is cool to touch. Resident's vital signs are temperature 98.4, heart rate 69, respirations 20, blood pressure 138/88, and oxygen saturation 98% room air. The resident said her leg "was caught on lift earlier today". No open areas or bruising were observed by this writer. 5/29/11 at 3:00 A.M. - Received order to send the resident to the ER for evaluation and treatment.</p> <p>A left lower extremity venous Doppler for Resident #A dated 5/29/11 at 5:59 A.M., indicated the following: Indication - Leg pain. Findings - Real-time ultrasound</p>				<p>These quality improvement audits will continue weekly for 30 days then monthly for 6 months. Results of all audits are being reported to the facility Quality Assurance Committee for additional recommendations where necessary.</p>		

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	<p>evaluation of the lower extremity deep venous system was performed from the common femoral vein to the popliteal vein. All sampled veins demonstrate normal Doppler flow characteristics, augmentation, and compressibility. No deep venous thrombosis is identified. Impression - Normal lower extremity venous Doppler.</p> <p>An initial investigation provided by the Administrator on 6/14/11 at 2:00 P.M., indicated the following: Brief Description of Incident - CNA #1 asked CNA #2 to assist her in changing Resident #A. CNA #1 opted to use the Stand-Up lift rather than putting her back to bed with the Hoyer lift. Resident #A was fearful and crying out she wanted to be put down and her legs hurt. The CNA assignment indicates Resident #A was to be transferred by a Hoyer lift. Resident #A does not bear weight. CNA #1 communicated to CNA #2 during breakfast on 5/29/11, she should not tell anyone that the Stand-Up lift was used instead of the Hoyer lift. Type of Injury - No injuries noted.</p> <p>A follow-up investigation provided by the Administrator on 6/14/11 at 2:00 P.M., indicated the following: Upon investigation it is believed that CNA #1 was aware of the appropriate lift that was</p>						

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	<p>to be used in assisting Resident #A, which was the Hoyer lift.</p> <p>Resident #A was observed lying in bed on her back, with the head of her bed raised on 6/14/11 at 10:20 A.M. During interview at this time, Resident #A's speech was clear. Resident #A's bilateral legs were contracted and she could not straighten them out when requested to. Her left knee area appeared larger than the right related to being contracted at the knee but did not appear edematous. Resident #A did not have any hand contractures. Resident #A indicated she could not recall the date but remembered being transferred by CNA #1 and CNA #2 with the use of a Stand-Up lift. Resident #A indicated she was unable to stand and bear weight. Resident #A indicated her left leg was painful during the transfer and she requested to be lowered off the lift. Resident #A indicated she was lowered onto the bed. Resident #A indicated she could not recall if her leg got caught on anything during the transfer, only that she had pain in her legs. Resident #A denied any pain during the interview. Resident #A indicated she did not fall during the transfer. Resident #A indicated she had only been lifted with the Stand-Up lift one time.</p> <p>2.) Resident #B's record was reviewed on</p>						

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	<p>6/14/11 at 12:33 P.M. Diagnoses included, but were not limited to, left hemiplegia, lower extremity neuralgia, chronic venostasis changes of leg, deep vein thrombosis, obesity, and seizures.</p> <p>Resident #B's quarterly Minimum Data Set assessment dated 3/10/11, indicated the following: Resident #B was understood and he was able to understand others, his cognitive status was moderately impaired, he was total dependent on 2 persons for bed mobility and transfer, he had functional limitations in his upper and lower extremities, and he did not walk.</p> <p>A quarterly nursing assessment for Resident #B dated 3/10/11, indicated he required two person assistance and use of mechanical lift.</p> <p>A care plan for Resident #B dated 4/21/11, indicated he used a Stand-Up lift for transfers.</p> <p>A Resident Care Record (CNA Assignment Sheet), undated, for Resident #B indicated to transfer Resident #B with two persons and Stand-Up lift.</p> <p>Resident #B was observed being transferred from his bed to his wheelchair on 6/14/11 at 11:11 A.M., with the</p>						

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	<p>assistance of CNA #3 and CNA #4, using a Stand-Up lift. Resident #B sat on the side of his bed while the Stand-Up lift sling was secured under his arms and around his abdomen. The Stand-Up lift was positioned in front of Resident #B and the rear casters were locked. The Stand-Up lift sling was attached to the lift and Resident #B was lifted into a standing position. The Stand-Up lift rear casters were unlocked and Resident #B was turned left and positioned in front of his wheelchair. Resident #B's wheelchair was locked and he was lowered. An interview with CNA #3 indicated she locked the rear casters on the Stand-Up lift before lifting Resident #B off his bed.</p> <p>3.) Resident #B was observed being transferred from his bed to his wheelchair on 6/15/11 at 11:23 A.M., with the assistance of CNA #5 and CNA #6, using a Stand-up lift. The Stand-Up lift was positioned in from of Resident #B while he was seated on the side of his bed. The rear lift casters were locked. The Stand-Up lift sling was secured under his arms and around his abdomen. The Stand-Up lift sling was attached to the lift and Resident #B was lifted into a standing position. The Stand-Up lift rear casters were unlocked and Resident #B was turned and positioned in front of his wheelchair. Resident #B's wheelchair</p>						

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	<p>was locked and he was lowered. An interview with CNA #6 indicated she locked the rear casters on the Stand-Up lift before lifting Resident #B off his bed.</p> <p>An interview with CNA #6 on 6/15/11 at 11:40 A.M., indicated the rear caster of a mechanical lift should be locked when you lifted a resident from a surface and locked when you are lowering a resident to a surface. CNA #6 indicated you would leave the legs of a mechanical lift in the open or closed position according to the weight of the resident. CNA #6 indicated with a small resident you could leave the lift legs closed when you lifted or lowered the resident and if the resident was large you would want to leave the lift legs open when you lifted or lowered the resident.</p> <p>4.) Resident #C's record was reviewed on 6/14/11 at 3:20 P.M. Diagnosis included, but was not limited to, bilateral lower extremity amputation.</p> <p>Resident #C's quarterly Minimum Data Set dated 4/13/11, indicated the following: Resident #C was understood and had the ability to understand others, his cognitive ability was intact, he required total dependence for transfers, he required extensive assistance for bed mobility, and he did not walk.</p>						

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	<p>A quarterly nursing assessment for Resident #C dated 4/18/11, indicated he required 2 person assist and required a Hoyer mechanical lift for transfers.</p> <p>A care plan for Resident #C indicated Resident #C was to be transferred with a lift to prevent friction and shearing.</p> <p>A Resident Care Record (CNA Assignment Sheet), undated, for Resident #C indicated he was to be transferred with 2 assist and a mechanical lift.</p> <p>Resident #C was observed being transferred with the assistance of CNA #3 and CNA #4, with a Hoyer lift on 6/14/11 at 12:28 P.M. CNA #3 positioned the Hoyer lift legs around the end of the stretcher and locked the rear casters. The Hoyer lift sling was fastened to the Hoyer lift and Resident #C was raised. The stretcher was moved and Resident #C's wheelchair was moved into positron. Resident #C was lowered into his wheelchair. The Hoyer lift rear casters were unlocked and the Hoyer lift was moved away from Resident #C. Resident #C was positioned for comfort. An interview with CNA #3 indicated she had the Hoyer lift rear casters locked when she lifted Resident #C off the stretcher and when she lowered him into his</p>						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155254		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 06/15/2011	
NAME OF PROVIDER OR SUPPLIER SUGAR CREEK REHABILITATION CONVALESCENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 WEST U.S. 40 GREENFIELD, IN46140			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>wheelchair.</p> <p>An interview with CNA #3 on 6/15/11 at 10:40 A.M., indicated the rear casters of a mechanical lift should be locked at all times when you lift a resident from a surface or lower a resident from a surface, for the safety of the resident and staff.</p> <p>5.) Resident #D's record was reviewed on 6/15/11 at 3:22 P.M. Diagnoses included, but were not limited to, cerebral vascular accident with hemiplegia, bilateral hand contractures, and back pain.</p> <p>Resident #D's quarterly Minimum Data Set assessment dated 4/8/11, indicated the following: Resident #D rarely understood and rarely understood others, her cognitive skills for daily decision making were severely impaired, she required total dependence for bed mobility and transfers, and she did not walk.</p> <p>A quarterly nursing assessment for Resident #D dated 4/1/11, indicated Resident #D was non-weight bearing, she required total assistance, and she required a mechanical lift for transfers.</p> <p>A care plan for Resident #D dated 5/11/10, indicated she required a Hoyer lift for all transfers.</p>						

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	<p>A Resident Care Record (CNA Assignment Sheet), undated, for Resident #D indicated she required assistance of 2 persons and a mechanical lift for transfers.</p> <p>Resident #D was observed being transferred with the assistance of CNA #5 and CNA #6, with the use of a Hoyer lift on 6/15/11 at 11:38 A.M. The Hoyer lift legs were positioned under the bed in the closed position. The lift sling was attached to the lift and the rear casters were locked. Resident #D was lifted and the rear casters were unlocked. Resident #D was turned to the left and the resident's wheelchair was moved into position. The lift legs were opened and positioned around the wheelchair. Resident #D's wheelchair was locked and the left rear casters were locked. Resident #D was lowered into her wheelchair. The lift rear casters were unlocked and the lift moved away. Resident #D was positioned for comfort. An interview with CNA #5 indicated the lift rear casters were locked when she lifted Resident #D off the bed and when she lowered Resident #D into her wheelchair.</p> <p>An interview with CNA #5 on 6/15/11 at 11:42 A.M., indicated the lift rear casters should be locked when you lifted or lowered a resident. CNA #5 indicated the lift legs should be in the closed position</p>						

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	<p>when you lift a resident and in the open position when you lower a resident into a chair. CNA #5 indicated she would leave the lift legs in the closed position if she lowered a resident into their bed.</p> <p>An observation with LPN #7 on 6/15/11 at 4:00 P.M., indicated the Hoyer lift legs fit under Resident #D's bed in the open position.</p> <p>The owners operating and maintenance manual for the Stand-Up lift provided by LPN #7 on 6/15/11 at 3:15 P.M., indicated the following: Safety Summary - The legs of the Stand-Up lift must be in the maximum open position and the shifter handle locked in place for optimum stability and safety. Invacare recommends locking the rear swivel casters only when positioning or removing the sling from around the patient. Invacare does not recommend locking the rear swivel casters of the Stand-Up lift when lifting and transferring an individual. Doing so could cause the lift to tip and endanger the patient and assistants. Invacare does recommend that the rear swivel casters be left unlocked during lifting and transferring procedures to allow the stand up lift to stabilize itself when the patient is initially lifted from and transferred to a chair, bed or any stationary object.</p>						

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	<p>The owners operating and maintenance manual for the Hoyer lift provided by LPN #7 on 6/15/11 at 3:15 P.M., indicated the following: Warning - Invacare does not recommend locking the rear casters of the patient lift when lifting an individual. Doing so could cause the lift to tip and endanger the patient and assistants. Invacare does recommend that the rear casters be left unlocked during lifting procedures to allow the patient lift to stabilize itself when the patient is initially lifted from a chair, bed or any stationary object. The legs of the lift must be in the maximum open position and the shifter handle locked in place for optimum stability and safety.</p> <p>The most current policy and procedure for safe lifting and movement of residents indicated the following: Policy Statement - In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents. Policy Interpretation and Implementation - 1.) Resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents... 4.) Staff responsible for direct resident care will be trained in the use of manual (gait/transfer belts, lateral boards) and mechanical</p>						

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	lifting devices.... This federal tag relates to Complaint IN00091349. 3.1-45-(a)(2)						